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## House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. JENKINS).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
March 6, 2012.

I hereby appoint the Honorable LYNN JENKINS to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,  
*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 17, 2012, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

### WHY DOCTORS DIE DIFFERENTLY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Recently, there has been a series of very powerful articles in the popular press about what we call "end of life." The most recent was by Dr. Ken Murray in *The Wall Street Journal* last week, entitled, "Why Doctors Die Differently." This series of articles focuses in on this end of life period—usually the most intense, the most painful, the most expensive. It's too often confusing for patients and

their families. Too often, we find that people don't get the care they want and they need.

This has been a passion of mine for years now to make sure that families and patients are equipped to deal with the end of life. It was my legislation that was in the health care reform that was, unfortunately, not in the final legislation because the reconciliation process wouldn't allow the Senate to consider it in the House bill. We're working on it again with legislation entitled *Personalize Your Health Care*, H.R. 1589, to make sure that these provisions that are strongly supported by the public finally become law.

I think, perhaps, the best case that I have seen for this legislation is found by Dr. Murray in his article, "Why Doctors Die Differently." It is a simple, powerful, two-page statement explaining the hows and whys.

Doctors actually do pass away, but they pass away differently. What is interesting is that, of these who are well off and connected to the medical care profession, it's not how much health care they get in their final months but actually how little. They do have more information than the average member of the public. They know their choices, and they act to make sure that their choices are respected. Doctors are more than three times likely than the average member of the public to have an advance directive that instructs families, doctors, hospitals how they want to be treated. That percentage is even higher for older doctors.

They know, for instance, in their last moments, most doctors don't want CPR performed on them. Unlike on television, where 75 percent of the CPR instances that the American public watches are successful and patients go on to lead happy, normal lives, doctors know that after the ribs are broken, which is what happens normally in CPR that's done properly, that fewer than 8 percent live even another month.

Doctors understand the facts. They tell their families. It's probably not accurate to say they get less care, but what is accurate is they get different care. They're more likely to use hospice services. They're more likely to have palliative care to make sure in their final moments they're not in pain. They're less likely to have invasive, painful, expensive treatment, particularly if they don't want it, because they've taken care of making sure that their wishes are known and respected.

Now, I don't want everybody to "die like a doctor," but I do want everybody to have the knowledge and the power so that their wishes, whatever they are, are respected. It is time that Congress passes legislation to make sure the American public has the information and that their wishes, whatever their wishes may be, are respected, because those final months or weeks or days of life deserve to be gentle, thoughtful, respectful, and people having whatever care they and their families want.

I strongly urge my colleagues to look at H.R. 1589, *Personalize Your Health Care*.

### AFGHANISTAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. JONES) for 5 minutes.

Mr. JONES. Last week, Congresswoman BARBARA LEE and I asked for a classified briefing on Afghanistan. Really, the only thing I can say about the briefing, because it was classified, is that I will continue to come to the floor and to say let's bring our troops home from Afghanistan.

Also last week, we had two Army officers from Fort Bragg, North Carolina, who were in Afghanistan to train, and they were shot by the Afghan trainee at point blank range. This brings the

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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